

STATE OF HAWAII
PUBLIC UTILITIES COMMISSION
ANNUAL REPORT OF
CELLULAR, PAGING AND OTHER WIRELESS TELECOMMUNICATIONS
SERVICES

STATE EXACT NAME OF CARRIER
FOR YEAR ENDED DECEMBER 31, _____

NOTICE: Under Section 6-80-91 and 6-80-92, Hawaii Administrative Rules, (HAR), an annual report is to be filed and is due no later than March 31 to cover the preceding calendar year's operations.

Mailing Address:

Hawaii Public Utilities Commission
465 South King Street
Kekuanaoa Building, Room 103
Honolulu, HI 96813

Under Section 6-80-91(d), HAR, a copy of this annual report is also required to be filed with the Consumer Advocate.

Mailing Address:

Division of Consumer Advocacy
250 South King Street, Room 825
Honolulu, HI 96813

ORGANIZATION AND CONTROL OF CARRIER

Note: If more space is required, attach schedule.

1. State full and exact name and Hawaii address of carrier.

Name: _____

dba, if any: _____

Business Address: _____

City: _____ Zip: _____ Phone: _____

Insert an "X" if above address is within last 12 months ()

2. Mailing Address if different from above.

Address: _____

City: _____ State: _____ Zip: _____

Insert an "X" if above address is within last 12 months ()

- 2a. **Annual Financial Reports** (AFR) are available on our Department web site.
Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

3. Effective Date of Hawaii Certification: _____

4. State the types of telecommunications services carrier is authorized to provide.

5. Island(s) in which telecommunications services are offered:

6. Have you filed a current tariff schedule with this office?

Insert an "X": Yes () No ()

7. List companies controlled by carrier; also, address:

8. List persons or companies controlling carrier; also address:

9. Insert an "X" next to type of entity and answer the applicable questions.

() Proprietorship

Date of Formation: _____

Name of Proprietor: _____

() Partnership:

Date of Formation: _____

Partners Name	Address	% Owned
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

() Corporation () Subchapter S

Date of Incorporation: _____

Incorporated under the laws of: _____

Directors Name	Address	Date Term Expires
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Officers Name	Address	Date Appointed
_____	_____	
_____	_____	
_____	_____	
_____	_____	

10. Location of carrier's records if different from business address:

11. External accountant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

12. Preparer of this report:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

13. Insert an "X" as to whether books are kept on a calendar year () or fiscal year basis (). If fiscal year basis, state the period: _____. Note that this annual report must be filed on a calendar year basis.

CERTIFICATION

I Certify that I am an officer, or duly authorized representative to file this annual report; that I have knowledge to the matters contained herein; that I have examined the foregoing report; that all statements of fact contained in this annual report are complete, true, and correct to the best of my knowledge, information, and belief.

CARRIER NAME: _____

CERTIFIER:

PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT B

BALANCE SHEET
As of December 31, _____

	CURRENT YEAR	PRIOR YEAR
ASSETS:		
Plant Assets:		
Plant in Service (PIS)		
Accumulated Depreciation - PIS		
Plant Under Construction		
Property Held for Future Use		
Intangible Assets		
Total Plant Assets		
Current Assets:		
Cash		
Accounts Receivable - Net		
Notes Receivable		
Inventories		
Prepayments		
Other Current Assets		
Total Current Assets		
Noncurrent Assets:		
Investments - Affiliated Companies		
Deferred Charges		
Other Noncurrent Assets		
Total Noncurrent Assets		
TOTAL ASSETS		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT B
Page 2 of 2

BALANCE SHEET
As of December 31, _____

	CURRENT YEAR	PRIOR YEAR
LIABILITIES & EQUITY		
LIABILITIES:		
Current:		
Accounts Payable		
Notes Payable		
Customers Deposits		
Long Term Debt - current due		
Accrued Income Taxes		
Accrued Other Taxes		
Current Deferred Income Taxes		
Accrued Liabilities		
Other Current Liabilities		
Total Current Liabilities		
Other Liabilities & Deferred Credits:		
Long Term Debt		
Unamortized Investment Tax Credits		
Deferred Income Taxes		
Other Deferred Credits		
Total Other Liab. & Deferred Credits		
TOTAL LIABILITIES		
EQUITY (Exh B-1)		
Total Corporation Equity		
Total Partnership Equity		
Total Proprietorship Equity		
TOTAL EQUITY		
TOTAL LIABILITIES AND EQUITY		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT B-1

SUPPORTING SCHEDULE TO
BALANCE SHEET
As of December 31, _____

	CURRENT YEAR	PRIOR YEAR
CORPORATION EQUITY:		
Common Stock Issued		
Preferred Stock Issued		
Additional Paid In Capital		
Capital Stock Expense		
Other Credits/Debits		
Retained Earnings - Appropriated		
Retained Earnings - Unappropriated		
Total Corporation Equity		

	CURRENT YEAR	PRIOR YEAR
PARTNERSHIP AND SOLE PROPRIETOR EQUITY:		
Balance at Start of Year		
Additional Investments During Year		
Withdrawals		
Adjustments During Year		
Profit (Loss) For The Year		
Balance at Close of Year		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT C

**INCOME STATEMENT - INTRASTATE OPERATIONS
FOR PERIOD ENDED DECEMBER 31, _____**

	CURRENT YEAR	PRIOR YEAR
INTRASTATE REVENUES		
Cellular Service		
Paging Service		
Other Service (Exh C-1)		
TOTAL INTRASTATE REVENUES		
INTRASTATE EXPENSES:		
Network & Operations		
Customer Service		
Selling & Marketing		
Administrative & General		
Depreciation & Amortization		
Fees/Taxes Other Than Income Taxes		
Income Taxes		
Other Intrastate Expenses (Exh C-1)		
TOTAL INTRASTATE EXPENSES		
NET INCOME (LOSS) FROM INTRASTATE OPERATIONS		
NET INCOME (LOSS) FROM OTHER OPERATIONS (Exh C-1)		
NET INCOME (LOSS) - TOTAL COMPANY		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT C-1

SUPPORTING SCHEDULE TO
INCOME STATEMENT - INTRASTATE OPERATIONS
FOR PERIOD ENDED DECEMBER 31, _____

SPECIFY AND LIST BELOW:	CURRENT YEAR	PRIOR YEAR
Other Service Revenues:		
Total Other Service Revenues		
Other Intrastate Expenses:		
Total Other Intrastate Expenses		
Net Income (Loss) From Other Operations		
Total Net Income (Loss) From Other Operations		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT D

STATISTICAL DATA - INTRASTATE OPERATIONS
FOR PERIOD ENDED DECEMBER 31, _____

	CURRENT YEAR	PRIOR YEAR
NUMBER OF CUSTOMERS		
Cellular Service		
Paging Service		
Other Service (Specify)		
Total Number of Customers		